

Attachment A.

DESERT TORTOISE BIOLOGIST QUALIFICATIONS STATEMENT

1. Name:	
Address:	
City, State, zip code:	
Phone number:	
Email address:	

2. Date:

3. States in which authorization is requested (check all that apply):

☐California ☐Nevada ☐Utah ☐Arizona

If authorization is sought for desert tortoise work under a Biological Opinion, provide the following:

Biological Opinion File No. (USFWS): _____ Date: _____

Project Name and Proponent: _____

4. Desert tortoise training:

Dates (dd/mm/year):

Location:

Instructor/sponsor:

5. Education: Provide up to three:

Institution			
Dates attended			
Major/minor			
Degree			

6. Specify activities anticipated that require authorization (e.g., capture, weigh, measure, attach telemetry devices, release, etc.)

7. Do you hold, or have you held, any State or Federal wildlife permits? If yes, provide the following:

Dates:

Species:

State (specify) or Federal:

Covered activities:

8. Project or activity for which authorization and approval is requested:

9. Experience. Complete for each position held. Include **only** those positions that involved desert tortoise experience.

Project Name: Your Position: Responsibilities and skills used or acquired:	
Dates (dd/mm/year):	From: To:
Total field experience: No. of hours _____ or 8-hr. days _____ conducting desert tortoise-related activities.	
<ul style="list-style-type: none">No. of desert tortoises you encountered: <100 mm carapace length _____ >100 mm carapace length _____No. of desert tortoises you handled: _____No. of transect miles/kilometers walked: _____Prior authorizations for desert tortoise under Biological Opinions (specify number, date, and project and location if known):	
References that can verify experience- provide information on right for up to three.	Name: Employer/Position: Address/location: Phone no.: Email:
	Name: Employer/Position: Address/location: Phone no.: Email:
	Name: Employer/Position: Address/location: Phone no.: Email:

Attachment B.

SECTION 7 FEE PAYMENT FORM
Entire form is to be completed by project proponent

Biological Opinion File Number: 1-5-04-F-400

Fish and Wildlife Service Office that Issued the Opinion: Reno, Nevada

Species: Desert tortoise (*Gopherus agassizii*)

Project: Proposed Ivanpah Energy Center near Jean and Sloan, Clark County, Nevada

Number of Acres to be Disturbed: _____
Fee Rate (per acre): \$ _____
Total Payment Required: \$ _____
Amount of Payment Received: \$ _____
Date of Receipt: _____
Check or Money Order Number: _____

Project Proponent: _____
Telephone Number: _____

Authorizing Agency: Western Area Power Administration
Make checks payable to: Clark County Treasurer
Deliver check to: Clark County Habitat Conservation
Department of Comprehensive Planning
Clark County Government Center, Third Floor
500 South Grand Central Parkway
Las Vegas, Nevada 89155 (Attn: Sandy Helvey)
(702) 455-4181

If you have questions, you may call the Southern Nevada Field Office of the U.S. Fish and Wildlife Service at (702) 515-5230.